

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

IN RE:	:	
	:	CASE NO. 18-21221-CMB
CHARLES V. ATTARDI	:	
DONNA D. ATTARDI	:	CHAPTER 13
DEBTORS	:	
	:	

PROOF OF INCOME

Filed on behalf of:  
Charles V. Attardi  
Donna D. Attardi

Counsel of Record:

Michael C. Eisen  
PA ID # 74523  
M. Eisen & Associates, P.C.  
6200 Babcock Blvd  
Pittsburgh, PA 15237  
412-367-9005  
[attorneyeisen@yahoo.com](mailto:attorneyeisen@yahoo.com)

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

IN RE:	:	
	:	CASE NO. 18-21221-CMB
DONNA D. ATTARDI	:	
	:	CHAPTER 13
DEBTOR	:	
	:	Filed Pursuant to Rule 1007-4
	:	

**VERIFICATION REGARDING PROOF OF INCOME**

I, Donna D. Attardi , hereby state as follows:

1. I am unemployed.
2. I have not been employed in the last 6 months.
3. I collect \$373.00 a month in Social Security.
4. I have submitted to the Trustee documentary proof of income from all sources I have in my possession.

I declare under penalty of perjury that I have read the foregoing Statement, and it is true and correct to the best of my knowledge, information and belief.

Date: April 12, 2018

/s/ Donna D. Attardi  
Debtor

**United States Department of Labor**  
**Division of Federal Employees' Compensation**



**BENEFIT STATEMENT**

CHARLES V ATTARDI  
301 BOYLES AVENUE  
NEW CASTLE PA 16101

US DEPT OF LABOR, OWCP  
PO BOX 8300 - DISTRICT 3  
LONDON, KY 40742-8300

Case Number: 1  
Social Security Number:  
Date of Injury: 98/06/09  
Pay Type: 1  
Check Date: 17/03/31  
Period Paid: 17/03/05 To: 17/04/01  
Pay Rate: 875.26  
Comp Rate: .7500  
Life Insurance 76.68

Gross Compensation: 3,863.00  
Less Deductions: 585.14  
Intermittent Hours Lost: .00  
Overpayments: .00  
Other Payees: .00  
Net Check Amount: 3,277.86  
Agency Health Insurance Cost: 1,010.44  
Health Insurance Code: 105  
From: 17/03/05 To: 17/04/01

**NOTICE TO RECIPIENTS**

**METHOD OF PAYMENT** If you are receiving payment by electronic fund transfer (EFT), the payment shown above has already been made to your financial institution. Otherwise, the check is enclosed.

**ADDRESS CHANGE** If you move or otherwise change your mailing address or your check mailing address (such as a bank or credit union), advise OWCP right away in writing of the new address.

**CORRESPONDENCE** Include your OWCP file number on all letters you send to OWCP.

**DEPENDENTS** For recipients of payments for disability or schedule award (pay type 1 or 9, as shown above): If you have one or more dependents, you are entitled to compensation at the augmented rate of 75%, rather than 66 2/3 percent, of your pay rate. (Questions as to who qualifies as a dependent should be directed to the OWCP District Office handling your claim.) Events such as birth, death, marriage, divorce, separation, or youngest child reaching age 18 may affect your compensation and should be reported to OWCP right away.

**EMPLOYMENT** For recipients of payments for disability (pay type 1, as shown above): To avoid an overpayment of compensation, advise OWCP right away when you return to full-time or part-time work with either a government or private employer (including self-employment.) Return to OWCP any compensation checks received after you go back to work. State the full name and address of your employer; the date employment began; the rate of pay and number of hours worked per week; and a description of the employment.

**SURVIVORS** For recipients of payments for death benefits (pay type 7, as shown above): If it has not already done so, OWCP will advise you in detail of each survivor for whom death benefits are payable, and the percentage of salary payable for each. (Questions as to who qualifies as a survivor should be directed to the OWCP District Office handling your claim.) Events such as birth of a posthumous child, death, remarriage, or youngest child reaching age 18 may affect your compensation and should be reported to OWCP right away.

